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CONFIRMATION NO. 6611

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## APPLICANTS

Mian Ying Wang, Rockford, IL;  
 Chen Xing Su, West Jordan, UT;  
 Afa Kehaati Palu, Orem, UT;  
 Bing-Nan Zhou, Pleasant Grove, UT;  
 Brett Justin West, Orem, UT;  
 Johannes Joseph Westendorf, Breunin, GERMANY;  
 Claude Jarakae Jensen, Cedar Hills, UT;  
 Stephen Paul Story, Alpine, UT;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/396,868 03/25/2003 and claims benefit of 60/458,353 03/28/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/04/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 11
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## ADDRESS

KIRTON & McCONKIE  
 Suite 1800  
 60 East South Temple  
 Salt Lake City, UT84111

## TITLE

Selectively inhibiting estrogen production and providing estrogenic effects in the human body

<b>FILING FEE RECEIVED</b> 2308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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